

GRANTED

Subject(s)

Language, Speech and Hearing

SUBSEQUENT WAIVER

Printed July 1, 2012 6:15 am Page 1 of 7

07/01/2012 to 06/30/2013

Program for Speech-Language Pathology Services

| 1  | Applicant Name:   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | Credential Goal:  | CERTIFICA  | TE OF COMPLETIC  | ON OF STAFF DI   | EVELOPMENT   |  |
| Status   | Type  |  | Employing Agency   |  |  | Valid  |
| GRANTE   | D SUBSEQUENT  | WAIVER   | FARMERSVILLE UN  | NIFIED SCHOOL I  | DISTRICT   | 03/01/2012 to 06/14/2012   |
| Subject(s  | s)  |  |  | Code Section(s)  | Waived   |  |
| N/A  | •   |  |  | 44253.3  | Certificate or Credential to I   | Provide Instruction to   |
|  |   |  |  |  | Limited English Proficient (I  | .EP) Students  |
| 2  | Applicant Name:   | BERGGREN   | , DAVID ENRIQUE  |  |  |  |
|  |   |  | TE OF COMPLETIC  |  | EVELOPMENT   |  |
| Status   | Type  |  | Employing Agency   |  |  | Valid  |
| GRANTE   |   | WAIVER   | SAN DIEGO CITY U   | JNIFIED SCHOOL   | DISTRICT   | 12/07/2011 to 08/31/2012   |
| Subject(s  | s)  |  |  | Code Section(s)  | Waived   |  |
| N/A  |   |  | -  | 44253.3  | Certificate or Credential to I   | Provide Instruction to   |
|  |   |  |  |  | Limited English Proficient (I  | .EP) Students  |
| 3  | Applicant Name:   | BOHLKA, JA   | ACK DALE   |  |  |  |
|  | Credential Goal:  | CERTIFICA  | TE OF COMPLETIC  | ON OF STAFF DI   | EVELOPMENT   |  |
| Status   | Type  |  | Employing Agency   |  |  | Valid  |
| GRANTE   | D SUBSEQUENT  | WAIVER   | LOS ANGELES CO   | UNTY OFFICE OF   | EDUCATION  | 04/01/2012 to 04/01/2013   |
| Subject(s  | s)  |  |  | Code Section(s)  | Waived   |  |
| N/A  | •   |  |  | 44253.3  | Certificate or Credential to I   | Provide Instruction to   |
|  |   |  |  |  | Limited English Proficient (I  | .EP) Students  |
| 4  | Applicant Name:   | BUSHONG,   | BRIDGET RENE   |  |  |  |
|  | Credential Goal:  | SPEECH-LA  | ANGUAGE PATHOL   | OGY SERVICES   | S CREDENTIAL   |  |
| Status   | Туре  |  | Employing Agency   |  |  | Valid  |
| GRANTE   | D SUBSEQUENT  | WAIVER   | POMONA UNIFIED   | SCHOOL DISTRI  | CT   | 07/01/2012 to 06/30/2013   |
|  |   |  |  |  |  | 0170172012100070072010   |
| Subject(s  | s)  |  |  | Code Section(s)  | Waived   |  |
|  | s)<br>ge, Speech and Hear   | ing  |  | Code Section(s)<br>44265   | Professional Preparation Pr  | rogram for a Specialist  |
|  | •   | ing  |  |  |  | rogram for a Specialist  |
|  | pe, Speech and Hear  Applicant Name:  | CASAS, FR  |  | 44265  | Professional Preparation Pr<br>Credential in Special Educa   | rogram for a Specialist  |
| Languag  | pe, Speech and Hear  Applicant Name:  | CASAS, FR  | ANK<br>ANGUAGE PATHOL  | 44265  | Professional Preparation Pr<br>Credential in Special Educa   | rogram for a Specialist  |
| Languag  5  Status   | Applicant Name: Credential Goal:  | CASAS, FRA   | ANGUAGE PATHOL  Employing Agency   | 44265<br>OGY SERVICES  | Professional Preparation Professional Preparation Professional Preparation Professional Professi | rogram for a Specialist ation, Reading, etc.   |
| Languag 5  | Applicant Name: Credential Goal:  | CASAS, FRA   | ANGUAGE PATHOL   | 44265<br>OGY SERVICES  | Professional Preparation Professional Preparation Professional Preparation Professional Professi | rogram for a Specialist<br>ation, Reading, etc.  |
| 5 Status GRANTE Subject(s  | Applicant Name: Credential Goal: Type  D SUBSEQUENT   | CASAS, FR.<br>SPEECH-LA  | ANGUAGE PATHOL  Employing Agency   | 44265  OGY SERVICES  ENTARY SCHOO  Code Section(s)   | Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Pr | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013   |
| 5 Status GRANTE Subject(s  | Applicant Name: Credential Goal: Type  SUBSEQUENT   | CASAS, FR.<br>SPEECH-LA  | ANGUAGE PATHOL  Employing Agency   | 44265  OGY SERVICES  IENTARY SCHOO   | Professional Preparation Professional Preparation Professional Preparation Professional Professi | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013   |
| 5 Status GRANTE Subject(s  | Applicant Name: Credential Goal: Type  D SUBSEQUENT S, pe, Speech and Hear  | CASAS, FR.<br>SPEECH-LA<br>WAIVER  | ANGUAGE PATHOL  Employing Agency  RICHGROVE ELEM   | 44265  OGY SERVICES  ENTARY SCHOO  Code Section(s)   | Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Professional Preparation Professional Preparation Professional Preparation Professional Preparation Professional Pr | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013   |
| 5 Status GRANTE Subject(s  | Applicant Name: Credential Goal: Type D SUBSEQUENT S) pe, Speech and Hear   | CASAS, FR. SPEECH-LA   | ANGUAGE PATHOL  Employing Agency  RICHGROVE ELEM   | 44265  OGY SERVICES  ENTARY SCHOOL  Code Section(s)  44265.3   | Professional Preparation Professional Preparation Professional Preparation Professional Education Scientific Professional  | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013   |
| Status GRANTE Subject(s Language                                   | Applicant Name: Credential Goal: Type D SUBSEQUENT S) pe, Speech and Hear   | CASAS, FR. SPEECH-LA   | ANGUAGE PATHOL  Employing Agency  RICHGROVE ELEM   | 44265  OGY SERVICES  ENTARY SCHOOL  Code Section(s)  44265.3   | Professional Preparation Professional Preparation Professional Preparation Professional Education Scientific Professional  | valid 03/01/2012 to 03/01/2013 age Pathology Services  |
| 5 Status GRANTE Subject(s Language 6 Status                        | Applicant Name: Credential Goal: Type  D SUBSEQUENT S) pe, Speech and Hear Applicant Name: Credential Goal: Type  | CASAS, FR. SPEECH-LA  WAIVER  ing  CONTRERA SPEECH-LA                          | ANGUAGE PATHOL  Employing Agency RICHGROVE ELEM  AS, ELISE MARIE ANGUAGE PATHOL  Employing Agency                    | 44265  OGY SERVICES  ENTARY SCHOO  Code Section(s)  44265.3  | Professional Preparation Professional Preparation Professional Preparation Professional Education Structure    **B CREDENTIAL**  **D DISTRICT**  **Waived**  Program for Speech-Langue Credential*  **S CREDENTIAL**   | valid 03/01/2012 to 03/01/2013 age Pathology Services  |
| Status GRANTE Subject(s Language                                   | Applicant Name: Credential Goal: Type  D SUBSEQUENT S) pe, Speech and Hear Applicant Name: Credential Goal: Type  | CASAS, FR. SPEECH-LA  WAIVER  ing  CONTRERA SPEECH-LA                          | Employing Agency RICHGROVE ELEM  AS, ELISE MARIE ANGUAGE PATHOL  | 44265  OGY SERVICES  ENTARY SCHOO  Code Section(s)  44265.3  | Professional Preparation Professional Preparation Professional Preparation Professional Education Structure    **B CREDENTIAL**  **D DISTRICT**  **Waived**  Program for Speech-Langue Credential*  **S CREDENTIAL**   | valid 03/01/2012 to 03/01/2013 age Pathology Services  |
| Status GRANTE Subject(s Languag  6  Status GRANTE Subject(s        | Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Credential Goal: Type SUBSEQUENT  | CASAS, FR. SPEECH-LA  WAIVER  CONTRERA SPEECH-LA                               | ANGUAGE PATHOL  Employing Agency RICHGROVE ELEM  AS, ELISE MARIE ANGUAGE PATHOL  Employing Agency                    | 44265  OGY SERVICES  IENTARY SCHOO  Code Section(s)  44265.3  OGY SERVICES  OFFICE OF EDL  Code Section(s)           | Professional Preparation Professional Preparation Professional Education Secretarial Education Secretarial Education Secretarial Education Secretarial Education Secretarial Education Secretarial Education Waived  | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013  age Pathology Services  Valid 08/15/2012 to 08/15/2013 |
| Status GRANTE Subject(s Languag  6  Status GRANTE Subject(s        | Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Credential Goal: Type D SUBSEQUENT  | CASAS, FR. SPEECH-LA  WAIVER  CONTRERA SPEECH-LA                               | ANGUAGE PATHOL  Employing Agency RICHGROVE ELEM  AS, ELISE MARIE ANGUAGE PATHOL  Employing Agency                    | 44265  OGY SERVICES  IENTARY SCHOO  Code Section(s) 44265.3  OGY SERVICES  | Professional Preparation Professional Preparation Professional Preparation Professional Education Screen Professional Education Profession Professional Education Profession Professio | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013  age Pathology Services  Valid 08/15/2012 to 08/15/2013 |
| Status GRANTE Subject(s Languag  6 Status GRANTE Subject(s Languag | Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Credential Goal: Type D SUBSEQUENT S) SUBSEQUENT S) Je, Speech and Hear   | CASAS, FRASPEECH-LASSING CONTRERASSING CONTRERASSING WAIVER                    | ANGUAGE PATHOL  Employing Agency  RICHGROVE ELEM  AS, ELISE MARIE  ANGUAGE PATHOL  Employing Agency  IMPERIAL COUNTY | 44265  OGY SERVICES  IENTARY SCHOO  Code Section(s)  44265.3  OGY SERVICES  OFFICE OF EDL  Code Section(s)           | Professional Preparation Professional Preparation Professional Preparation Professional Education Screen Program for Speech-Langu Credential  CATION  Waived  Program for Speech-Langu  | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013  age Pathology Services  Valid 08/15/2012 to 08/15/2013 |
| Status GRANTE Subject(s Languag  6  Status GRANTE Subject(s        | Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Applicant Name: Applicant Name: Applicant Name: | CASAS, FR. SPEECH-LA  WAIVER  ing  CONTRERA SPEECH-LA  WAIVER  ing  DAMICO, SI | ANGUAGE PATHOL  Employing Agency  RICHGROVE ELEM  AS, ELISE MARIE ANGUAGE PATHOL  Employing Agency  IMPERIAL COUNTY  | 44265  OGY SERVICES  IENTARY SCHOOL  Code Section(s)  44265.3  OGY SERVICES  OFFICE OF EDU  Code Section(s)  44265.3 | Professional Preparation Professional Preparation Professional Education Secretarial Education Secretarial Education Secretarial Program for Speech-Langue Credential Education Waived Program for Speech-Langue Credential Program for Speech-Langue Credential   | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013  age Pathology Services  Valid 08/15/2012 to 08/15/2013 |
| Status GRANTE Subject(s Languag  6 Status GRANTE Subject(s Languag | Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Credential Goal: Type D SUBSEQUENT S) Je, Speech and Hear Applicant Name: Applicant Name: Applicant Name: Applicant Name: | CASAS, FR. SPEECH-LA  WAIVER  ing  CONTRERA SPEECH-LA  WAIVER  ing  DAMICO, SI | ANGUAGE PATHOL  Employing Agency  RICHGROVE ELEM  AS, ELISE MARIE  ANGUAGE PATHOL  Employing Agency  IMPERIAL COUNTY | 44265  OGY SERVICES  IENTARY SCHOOL  Code Section(s)  44265.3  OGY SERVICES  OFFICE OF EDU  Code Section(s)  44265.3 | Professional Preparation Professional Preparation Professional Education Secretarial Education Secretarial Education Secretarial Program for Speech-Langue Credential Education Waived Program for Speech-Langue Credential Program for Speech-Langue Credential   | rogram for a Specialist ation, Reading, etc.  Valid 03/01/2012 to 03/01/2013  age Pathology Services  Valid 08/15/2012 to 08/15/2013 |

POMONA UNIFIED SCHOOL DISTRICT

44265.3

Code Section(s) Waived

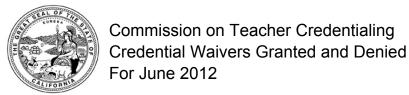
Credential



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| 8                 | • •              |            | GERRICK FLOYD C<br>ANGUAGE PATHOL |                       | ES CREDENTIAL                 |                                    |
|-------------------|------------------|------------|-----------------------------------|-----------------------|-------------------------------|------------------------------------|
| Status            | Type             | OI ELOITE  | Employing Agency                  | OOT OLIVIO            | LO ONEDENTIAL                 | Valid                              |
| GRANTED           | SUBSEQUENT       | WAIVER     | MOJAVE UNIFIED S                  | SCHOOL DISTF          | RICT                          | 07/01/2012 to 06/30/2013           |
| Subject(s)        |                  |            |                                   |                       |                               |                                    |
| Subject(s)        | Speech and Hear  | ina        |                                   | Code Section(44252(b) | •                             | edential or Permit                 |
| <u> </u>          | •                |            |                                   | 11202(5)              | 0D201 101 d 010               | Submitted of 1 cmitt               |
| 9                 | Applicant Name:  |            | H, LISA A.<br>ANGUAGE PATHOL      | OCY SERVIC            | EC CDEDENTIAL                 |                                    |
|                   | Credential Goal: | SPEEUN-LA  | ANGUAGE PATHOL                    | OGT SERVIC            | ES CREDENTIAL                 |                                    |
| Status            | Туре             |            | Employing Agency                  |                       |                               | Valid                              |
| GRANTED           | SUBSEQUENT       | WAIVER     | MORONGO UNIFIE                    | D SCHOOL DIS          | STRICT                        | 07/01/2012 to 06/30/2013           |
| Subject(s)        |                  |            |                                   | Code Section          |                               |                                    |
| Language,         | Speech and Hear  | ing        |                                   | 44265.3               | Program for Spe<br>Credential | eech-Language Pathology Services   |
| 10                | Applicant Name:  | GARCIA, RI | GOBERTO                           |                       |                               |                                    |
|                   | Credential Goal: | SPEECH-LA  | ANGUAGE PATHOL                    | OGY SERVIC            | ES CREDENTIAL                 |                                    |
| Status            | Туре             |            | Employing Agency                  |                       |                               | Valid                              |
| GRANTED           | SUBSEQUENT       | WAIVER     | ROWLAND UNIFIED                   | D SCHOOL DIS          | TRICT                         | 09/01/2012 to 09/01/2013           |
| Subject(s)        |                  |            |                                   | Code Section          | s) Waived                     |                                    |
|                   | Speech and Hear  | ing        |                                   | 44265.3               |                               | eech-Language Pathology Services   |
| 11                | Applicant Name:  | GIVENS, TH | HERESA ANN                        |                       |                               |                                    |
|                   | Credential Goal: | SPEECH-LA  | ANGUAGE PATHOL                    | OGY SERVIC            | ES CREDENTIAL                 |                                    |
| Status            | Туре             |            | Employing Agency                  |                       |                               | Valid                              |
| GRANTED           | SUBSEQUENT       | WAIVER     | CUCAMONGA ELEI                    | MENTARY SCH           | IOOL DISTRICT                 | 08/01/2012 to 07/31/2013           |
| Subject(s)        |                  |            |                                   | Code Section          | s) Waived                     |                                    |
|                   | Speech and Hear  | ina        |                                   | 44268                 | •                             | ical Rehabilitative                |
|                   | •                |            | COTT D                            |                       | -3                            |                                    |
| 12                | Applicant Name:  |            | BSTITUTE TEACHIN                  | NC DEDMIT             |                               |                                    |
|                   |                  | 30-DA1 301 |                                   | NG FERIVITI           |                               |                                    |
| Status<br>GRANTED | Type             | A I) (ED   | Employing Agency                  | 2 0011001 010         | FDIOT                         | Valid                              |
| GRANTED           | FIRST TIME W     | AIVER      | CABRILLO UNIFIED                  |                       |                               | 04/01/2012 to 04/01/2013           |
| Subject(s)        |                  |            |                                   | Code Section          |                               |                                    |
| N/A               |                  |            |                                   | 44252(b)              | CBEST for a Cre               | edential or Permit                 |
| 13                | Applicant Name:  | GREEN, MA  | ARY L.                            |                       |                               |                                    |
|                   |                  |            | ANGUAGE PATHOL                    | OGY SERVIC            | ES CREDENTIAL                 |                                    |
| Status            | Туре             |            | Employing Agency                  |                       |                               | Valid                              |
| GRANTED           | SUBSEQUENT       | WAIVER     | APPLE VALLEY UN                   | IIFIED SCHOOL         | DISTRICT                      | 08/01/2012 to 07/30/2013           |
| Subject(s)        |                  |            |                                   | Code Section          | s) Waived                     |                                    |
|                   | Speech and Hear  | ina        |                                   | 44265                 | •                             | eparation Program for a Specialist |
|                   |                  |            |                                   |                       |                               | ecial Education, Reading, etc.     |
| 14                | Applicant Name:  |            |                                   | 00// 055///0          | EO ODEDENITA:                 |                                    |
|                   | Credential Goal: | SPEECH-LA  | ANGUAGE PATHOL                    | .UGY SERVIC           | ES CREDENTIAL                 |                                    |
| Status            | Туре             |            | Employing Agency                  |                       |                               | Valid                              |
| GRANTED           | SUBSEQUENT       | WAIVER     | APPLE VALLEY UN                   | IIFIED SCHOOL         | DISTRICT                      | 08/01/2012 to 07/30/2013           |
| Subject(s)        |                  |            |                                   | Code Section          | s) Waived                     |                                    |
| Language,         | Speech and Hear  | ing        |                                   | 44265.3               |                               | ech-Language Pathology Services    |

Credential



Subject(s)

Language, Speech and Hearing

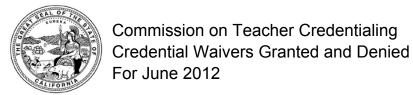
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| ALIFORN    |                                  |             |                                    |                 |                                   | Page 3                   | OI I |
|------------|----------------------------------|-------------|------------------------------------|-----------------|-----------------------------------|--------------------------|------|
|            |                                  |             | 2 144 527 1627 14                  |                 |                                   |                          |      |
| 15         | Applicant Name: Credential Goal: |             | ), MARY JOY M<br>I SPECIALIST INST | RUCTION CRE     | DENTIAL                           |                          |      |
| Status     | Type                             |             | Employing Agency                   |                 |                                   | Valid                    |      |
| GRANTED    |                                  | WAIVER      | KERN COUNTY OF                     | FICE OF EDUCAT  | ION                               | 05/24/2012 to 05/24/2013 | •    |
| Subject(s) |                                  |             |                                    | Code Section(s) | Waived                            |                          |      |
|            | dhood Special Educ               | cation      |                                    | 44265           | Professional Preparation Progra   | am for a Specialist      | -    |
|            |                                  |             |                                    |                 | Credential in Special Education   | •                        |      |
| 16         | Applicant Name:                  | MACIAS. MI  | GUEL                               |                 |                                   |                          |      |
|            |                                  |             |                                    | CIAL SUBJECTS   | S TEACHING CREDENTIAL             |                          |      |
| Status     | Туре                             |             | Employing Agency                   |                 |                                   | Valid                    |      |
| GRANTED    |                                  | AIVER       | LEMOORE UNION H                    | HIGH SCHOOL DI  | STRICT                            | 08/08/2011 to 06/30/2012 | •    |
| Subject(s) |                                  |             |                                    | Code Section(s) | Waived                            |                          |      |
| <u> </u>   | ucation and Driver T             | raining     |                                    | 44260.4         | Course Work Requirements for      | a Designated             | -    |
|            |                                  | 3           |                                    |                 | Subjects Credential in Driver's I |                          |      |
| 17         | Applicant Name:                  | MALLARI. G  | ERARD P.                           |                 |                                   |                          |      |
|            |                                  |             | NGUAGE PATHOL                      | OGY SERVICES    | CREDENTIAL                        |                          |      |
| Status     | Type                             |             | Employing Agency                   |                 |                                   | Valid                    |      |
| GRANTED    |                                  | WAIVER      | MORONGO UNIFIEI                    | D SCHOOL DISTE  | RICT                              | 07/01/2012 to 06/30/2013 | •    |
| Subject(s) |                                  |             |                                    | Code Section(s) | Waiyed                            |                          |      |
|            | , Speech and Heari               | ina         |                                    | 44265.3         | Program for Speech-Language       | Pathology Services       | -    |
| _agaa.go   | ,                                | 9           |                                    |                 | Credential                        | . amonegy connect        |      |
| 18         | Applicant Name:                  | MARAJ. VIJA | ΑΥ                                 |                 |                                   |                          |      |
|            |                                  |             | TE OF COMPLETIO                    | N OF STAFF DE   | EVELOPMENT                        |                          |      |
| Status     | Type                             |             | Employing Agency                   |                 |                                   | Valid                    |      |
| GRANTED    |                                  | AIVER       | SAN BERNARDINO                     | CITY UNIFIED SO | CHOOL DISTRICT                    | 12/12/2011 to 06/30/2012 |      |
| Subject(s) |                                  |             |                                    | Code Section(s) | Waived                            |                          |      |
| N/A        |                                  |             |                                    | 44253.3         | Certificate or Credential to Prov | ride Instruction to      | -    |
|            |                                  |             |                                    |                 | Limited English Proficient (LEP   | ) Students               |      |
| 19         | Applicant Name:                  | MARTINEZ,   | MARTHA                             |                 |                                   |                          |      |
|            | Credential Goal:                 | CERTIFICAT  | TE OF COMPLETIO                    | N OF STAFF DE   | EVELOPMENT                        |                          |      |
| Status     | Туре                             |             | Employing Agency                   |                 |                                   | Valid                    |      |
| GRANTED    | SUBSEQUENT                       | WAIVER      | LOS ANGELES COL                    | JNTY OFFICE OF  | EDUCATION                         | 04/01/2012 to 04/01/2013 | •    |
| Subject(s) |                                  |             |                                    | Code Section(s) | Waived                            |                          |      |
| N/A        |                                  |             |                                    | 44253.3         | Certificate or Credential to Prov |                          | -    |
|            |                                  |             |                                    |                 | Limited English Proficient (LEP   | ) Students               |      |
| 20         | Applicant Name:                  | MATTHEWS    | , NEWTON DAVID                     |                 |                                   |                          |      |
|            | Credential Goal:                 | CERTIFICAT  | TE OF COMPLETIO                    | N OF STAFF DE   | EVELOPMENT                        |                          |      |
| Status     | Туре                             |             | Employing Agency                   |                 |                                   | Valid                    | _    |
| GRANTED    | FIRST TIME W                     | AIVER       | EL DORADO COUN                     | TY OFFICE OF EI | DUCATION                          | 03/05/2012 to 06/30/2012 |      |
| Subject(s) |                                  |             |                                    | Code Section(s) | Waived                            |                          |      |
| N/A        |                                  |             |                                    | 44253.3         | Certificate or Credential to Prov |                          | •    |
|            |                                  |             |                                    |                 | Limited English Proficient (LEP   | ) Students               |      |
| 21         | Applicant Name:                  | MCCOY, ME   | LINDA LEIGH                        |                 |                                   |                          |      |
|            | Credential Goal:                 | SPEECH-LA   | NGUAGE PATHOL                      | OGY SERVICES    | CREDENTIAL                        |                          |      |
| Status     | Type                             |             | Employing Agency                   |                 |                                   | Valid                    |      |
| GRANTED    |                                  |             | Employing Agency                   |                 |                                   | valiu                    |      |

Code Section(s) Waived

Professional Preparation Program for a Specialist Credential in Special Education, Reading, etc.

44265



Subject(s)

Language, Speech and Hearing

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| 2  | Applicant Name:   | MISA, JULIE   | ANA VERZOSA  |   |   |  |
|--|---|---|--|---|---|--|
|  |   |   | NGUAGE PATHOL  | OGY SERVICE   | S CREDENTIAL  |  |
| Status   | Туре  |   | Employing Agency   |   |   | Valid  |
| GRANTED  | SUBSEQUENT  | WAIVER  | MORONGO UNIFIE   | D SCHOOL DIST   | RICT  | 07/01/2012 to 06/30/2013   |
| Subject(e)   |   |   |  |   |   |  |
| Subject(s)   | Speech and Heari  | na  | ,  | Code Section(s  | Program for Speech-Lang   | uuane Pathology Services   |
| Language,  | opecon and rican  | ng  |  | 44200.0   | Credential  | dage i alliology ocivides  |
| 23   | • •   |   | TRERAS, LEONEL   |   |   |  |
|  | Credential Goal:  | 30-DAY SUE  | BSTITUTE TEACHIN   | NG PERMIT   |   |  |
| Status   | Туре  |   | <b>Employing Agency</b>  |   |   | Valid  |
| GRANTED  | FIRST TIME W  | AIVER   | COALINGA/HURON   | JOINT UNIFIED   | SCHOOL DISTRICT   | 05/02/2012 to 05/02/2013   |
| Subject(s)   |   |   |  | Code Section(s  | ) Waived  |  |
| N/A  |   |   |  | 44252(b)  | CBEST for a Credential o  | r Permit   |
|  | A !! ( N)   | NODTH DO  | DEDT DAN   | \-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |   |  |
| 24   | Applicant Name:   |   | BERT DAN<br>TE OF COMPLETIO  | NI OE STAFF F   | NEVEL ODMENT  |  |
|  | Credential Goal:  | CERTIFICA   | IE OF COMPLETIO  | IN OF STAFF L   | ZEVELOPIVIEN I  |  |
| Status   | Туре  |   | Employing Agency   |   |   | Valid  |
| GRANTED  | FIRST TIME W  | AIVER   | SAN JACINTO UNIF   | FIED SCHOOL D   | STRICT  | 03/01/2012 to 06/08/2012   |
| Subject(s)   |   |   |  | Code Section(s  | ) Waived  |  |
| N/A  |   |   |  | 44253.3   | Certificate or Credential to<br>Limited English Proficient  |  |
| \_   | A 11 (A)  | OKINI OLIZA   | NINIT  |   | Emiliou Englion i Tonolone  | (EEI ) Gladellia   |
| 25   | Applicant Name:   |   | INNE<br>INGUAGE PATHOL   | OGY SERVICE   | S CREDENTIAL  |  |
| <b>a.</b> .  | Oredential Joan.  | OI LLOIT LA   |  |   |   |  |
| Status   | Tyne  |   | Employing Agency   |   | O O CEDETTIME   | Valid  |
| Status<br>GRANTED  | Type<br>SUBSEQUENT  | WAIVER  | Employing Agency LONG BEACH UNIF   |   |   | Valid<br>04/01/2012 to 04/01/2013  |
| GRANTED  |   | WAIVER  |  | FIED SCHOOL D   | STRICT  |  |
| GRANTED Subject(s)   | SUBSEQUENT  |   |  | FIED SCHOOL D   | STRICT<br>) Waived  | 04/01/2012 to 04/01/2013   |
| GRANTED Subject(s)   |   |   |  | FIED SCHOOL D   | STRICT  | 04/01/2012 to 04/01/2013   |
| GRANTED Subject(s) Language,   | SUBSEQUENT  | ng  | LONG BEACH UNIF  | FIED SCHOOL D   | STRICT  ) Waived  Program for Speech-Lang   | 04/01/2012 to 04/01/2013   |
| GRANTED Subject(s) Language,   | SUBSEQUENT Speech and Heari Applicant Name:   | ng<br>OLIVA, RAN  | LONG BEACH UNIF  | FIED SCHOOL D  Code Section(s  44265.3  | STRICT  ) Waived  Program for Speech-Lang Credential  | 04/01/2012 to 04/01/2013   |
| GRANTED  Subject(s)  Language,   | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal:  | ng<br>OLIVA, RAN  | LONG BEACH UNIF  | FIED SCHOOL D  Code Section(s  44265.3  | STRICT  ) Waived  Program for Speech-Lang Credential  | 04/01/2012 to 04/01/2013<br>guage Pathology Services   |
| GRANTED Subject(s) Language, 26 Status   | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type   | OLIVA, RAN<br>CERTIFICAT                                      | LONG BEACH UNIF  DY PAUL  TE OF COMPLETIO  Employing Agency  | Code Section(s<br>44265.3   | STRICT  ) Waived  Program for Speech-Lang Credential  EVELOPMENT  | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid   |
| GRANTED Subject(s) Language,  26 Status GRANTED  | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal:  | OLIVA, RAN<br>CERTIFICAT                                      | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D   | STRICT ) Waived Program for Speech-Lang Credential  PEVELOPMENT OL DISTRICT   | 04/01/2012 to 04/01/2013<br>guage Pathology Services   |
| GRANTED  Subject(s) Language,  26  Status GRANTED Subject(s)   | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type   | OLIVA, RAN<br>CERTIFICAT                                      | LONG BEACH UNIF  DY PAUL  TE OF COMPLETIO  Employing Agency  | Code Section(s  44265.3  ON OF STAFF D  ON HIGH SCHO  Code Section(s  | STRICT ) Waived Program for Speech-Lang Credential  PEVELOPMENT  OL DISTRICT ) Waived   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  |
| GRANTED Subject(s) Language,  26 Status GRANTED  | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type   | OLIVA, RAN<br>CERTIFICAT                                      | LONG BEACH UNIF  DY PAUL  TE OF COMPLETIO  Employing Agency  | Code Section(s 44265.3  ON OF STAFF D   | STRICT  ) Waived  Program for Speech-Lang Credential  EVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  D Provide Instruction to  |
| GRANTED  Subject(s) Language,  26  Status GRANTED Subject(s)   | SUBSEQUENT  Speech and Heari  Applicant Name: Credential Goal: Type FIRST TIME WA   | ng<br>OLIVA, RAN<br>CERTIFICAT<br>AIVER                       | LONG BEACH UNIF  | Code Section(s  44265.3  ON OF STAFF D  ON HIGH SCHO  Code Section(s  | STRICT ) Waived Program for Speech-Lang Credential  PEVELOPMENT  OL DISTRICT ) Waived   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  D Provide Instruction to  |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A   | SUBSEQUENT  Speech and Heari  Applicant Name: Credential Goal: Type FIRST TIME WA   | OLIVA, RAN<br>CERTIFICAT<br>AIVER                             | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ON HIGH SCHO  Code Section(s 44253.3   | STRICT  ) Waived  Program for Speech-Lang Credential  EVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  D Provide Instruction to  |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A   | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal:                                    | OLIVA, RAN<br>CERTIFICAT<br>AIVER                             | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ON HIGH SCHO  Code Section(s 44253.3   | STRICT  ) Waived  Program for Speech-Lang Credential  EVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students                                 |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A  27 Status  | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type                               | OLIVA, RAN<br>CERTIFICAT<br>AIVER<br>ORTIZ, ROS<br>30-DAY SUE | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students  Valid                          |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A  27 Status GRANTED  | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal:                                    | OLIVA, RAN<br>CERTIFICAT<br>AIVER<br>ORTIZ, ROS<br>30-DAY SUE | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  NG PERMIT   | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students                                 |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A  27 Status GRANTED Subject(s) Subject(s)                      | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type                               | OLIVA, RAN<br>CERTIFICAT<br>AIVER<br>ORTIZ, ROS<br>30-DAY SUE | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  NG PERMIT  IED SCHOOL DI  Code Section(s          | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient  STRICT  ) Waived                           | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students  Valid 02/07/2012 to 02/06/2013 |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A  27 Status GRANTED  | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type                               | OLIVA, RAN<br>CERTIFICAT<br>AIVER<br>ORTIZ, ROS<br>30-DAY SUE | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  NG PERMIT   | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient   | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students  Valid 02/07/2012 to 02/06/2013 |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A  Status GRANTED Subject(s) N/A  Status GRANTED Subject(s) N/A | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type                               | OLIVA, RAN<br>CERTIFICAT<br>AIVER<br>ORTIZ, ROS<br>30-DAY SUE | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  NG PERMIT  IED SCHOOL DI  Code Section(s          | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient  STRICT  ) Waived                           | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students  Valid 02/07/2012 to 02/06/2013 |
| Subject(s) Language,  26 Status GRANTED Subject(s) N/A  Status GRANTED Subject(s) N/A  Subject(s) N/A                | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: | OLIVA, RAN CERTIFICAT  AIVER  ORTIZ, ROS 30-DAY SUE           | LONG BEACH UNIF  | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  NG PERMIT  IED SCHOOL DI  Code Section(s 44252(b) | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient  STRICT  ) Waived  CBEST for a Credential o | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students  Valid 02/07/2012 to 02/06/2013 |
| GRANTED Subject(s) Language,  26 Status GRANTED Subject(s) N/A  27 Status GRANTED Subject(s) GRANTED                 | SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type FIRST TIME WA Applicant Name: | OLIVA, RAN CERTIFICAT  AIVER  ORTIZ, ROS 30-DAY SUE           | EMPLOYER AGENCY SWEETWATER UNITED TEACHING AGENCY STITUTE TEACHING AGENCY PALO VERDE UNITED TEACHING AGENCY AG | Code Section(s 44265.3  ON OF STAFF D  ION HIGH SCHO  Code Section(s 44253.3  NG PERMIT  IED SCHOOL DI  Code Section(s 44252(b) | STRICT  ) Waived  Program for Speech-Lang Credential  DEVELOPMENT  OL DISTRICT  ) Waived  Certificate or Credential to Limited English Proficient  STRICT  ) Waived  CBEST for a Credential o | 04/01/2012 to 04/01/2013 guage Pathology Services  Valid 02/01/2012 to 02/01/2013  Provide Instruction to (LEP) Students  Valid 02/07/2012 to 02/06/2013 |

Code Section(s) Waived

Credential

Program for Speech-Language Pathology Services

44265.3



Early Childhood Special Education

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| 29                | <b>Applicant Name:</b>                  | OVERCAST,  | KERI A.                      |                   |   |                                |
|-------------------|---|------------|------------------------------|-------------------|---|--------------------------------|
|                   | Credential Goal:                        | SPEECH-LA  | NGUAGE PATHOL                | OGY SERVICES      | CREDENTIAL                                  |                                |
| Status            | Туре                                    |            | Employing Agency             |                   |   | Valid                          |
| GRANTED           | SUBSEQUENT                              | WAIVER     | MORONGO UNIFIEI              | D SCHOOL DISTR    | ICT   | 07/01/2012 to 06/30/2013       |
| <b>.</b>          | 000000000000000000000000000000000000000 |            |                              |                   |   |                                |
| Subject(s)        |   |            |                              | Code Section(s) V |   |                                |
| Language          | , Speech and Heari                      | ng         |                              | 44265.3           | Program for Speech-Language F<br>Credential | Pathology Services             |
| 30                | Applicant Name:                         | PALOMINO.  | ROSEMARIE ANNI               | E                 |   |                                |
|                   | • •                                     |            | NGUAGE PATHOL                |                   | CREDENTIAL                                  |                                |
| Status            | Tuna                                    |            | Empleying Agency             |                   |   | Valid                          |
| Status<br>GRANTED | Type SUBSEQUENT                         | WAIVED     | POMONA UNIFIED               | SCHOOL DISTRIC    | ·T  | 07/01/2012 to 06/30/2013       |
|                   | OODOLQOLIVI                             | WAIVER     | TOMOTVA OTTITLE              |                   |   | 0770 1720 12 10 00700720 10    |
| Subject(s)        |   |            |                              | Code Section(s) V |   |                                |
| Language          | , Speech and Heari                      | ng         |                              | 44265             | Professional Preparation Progra             |                                |
|                   |   |            |                              |                   | Credential in Special Education,            | Reading, etc.                  |
| 31                | <b>Applicant Name:</b>                  | PLACA, ROE | BERTO                        |                   |   |                                |
|                   | Credential Goal:                        | CERTIFICAT | E OF COMPLETIO               | N OF STAFF DE     | VELOPMENT                                   |                                |
| Status            | Туре                                    |            | Employing Agency             |                   |   | Valid                          |
| GRANTED           | SUBSEQUENT                              | WAIVER     | EAST SIDE UNION              | HIGH SCHOOL DI    | STRICT                                      | 02/01/2012 to 02/01/2013       |
| 0.4.4             |   |            |                              |                   |   |                                |
| Subject(s)<br>N/A |   |            |                              | Code Section(s) V | Certificate or Credential to Provi          | de Instruction to              |
| IN/A              |   |            |                              | 44200.0           | Limited English Proficient (LEP)            |                                |
|                   |   |            |                              |                   | Emilia English Followik (EEF)               | Cladelile                      |
| 32                | Applicant Name:                         |            |                              |                   |   |                                |
|                   | Credential Goal:                        | SPEECH-LA  | NGUAGE PATHOL                | OGY SERVICES      | CREDENTIAL                                  |                                |
| Status            | Туре                                    |            | <b>Employing Agency</b>      |                   |   | Valid                          |
| GRANTED           | SUBSEQUENT                              | WAIVER     | LANCASTER ELEM               | ENTARY SCHOOL     | DISTRICT                                    | 07/01/2012 to 06/30/2013       |
| Subject(s)        |   |            |                              | Code Section(s) V | Waived                                      |                                |
|                   | , Speech and Heari                      | na         |                              | 44265.3           | Program for Speech-Language F               | Pathology Services             |
|                   | ' '                                     | J          |                              |                   | Credential                                  | 3,                             |
| 22                | Annlinent Nemer                         | DEVNOLDS   | VEVINI TVDDELL               |                   |   |                                |
| 33                |   |            | KEVIN TYRRELL E OF COMPLETIO | N OE STAEE DE     | VELOPMENT                                   |                                |
|                   | Credential Goal.                        | CENTIFICAT | E OF COMPLETIO               | N OF STAFF DE     | VELOFINENT                                  |                                |
| Status            | Туре                                    |            | Employing Agency             |                   |   | Valid                          |
| GRANTED           | FIRST TIME WA                           | AIVER      | SAN DIEGO CITY U             | NIFIED SCHOOL [   | DISTRICT                                    | 03/26/2012 to 08/31/2012       |
| Subject(s)        |   |            |                              | Code Section(s) V | <b>V</b> aived                              |                                |
| N/A               |   |            |                              | 44253.3           | Certificate or Credential to Provi          | de Instruction to              |
|                   |   |            |                              |                   | Limited English Proficient (LEP)            | Students                       |
|                   | Applicant Name:                         | RUBY DEAN  | INA I                        |                   |   |                                |
| 34                |   | / ١١       |                              |                   |   |                                |
| 34                |   |            |                              | RUCTION CREE      | DENTIAL                                     |                                |
|                   | Credential Goal:                        |            | I SPECIALIST INST            | RUCTION CREE      | DENTIAL                                     | v                              |
| Status GRANTED    |   | EDUCATION  |                              |                   |   | Valid 02/01/2012 to 03/01/2013 |

Code Section(s) Waived

44265

Professional Preparation Program for a Specialist

Credential in Special Education, Reading, etc.



Language, Speech and Hearing

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| 35                | Applicant Name: SING    | H, RITU CHANDINI                    |                 |                                    |  |
|-------------------|-------------------------|-------------------------------------|-----------------|------------------------------------|--|
|                   |                         | ECH-LANGUAGE PATHO                  | LOGY SERVIC     | ES CREDENTIAL                      |  |
| Status            | Туре                    | Employing Agency                    |                 |                                    | Valid  |
| GRANTED           | SUBSEQUENT WAIVE        | ER IMPERIAL COUNT                   | Y OFFICE OF E   | DUCATION                           | 10/01/2012 to 10/01/2013                             |
| Subject(s)        |                         |                                     | Code Section(   | s) Waived                          |  |
| Language          | , Speech and Hearing    |                                     | 44252(b)        | CBEST for a Credentia              |  |
|                   |                         |                                     | 44265           |                                    | on Program for a Specialist                          |
|                   |                         |                                     |                 | Credential in Special E            | Education, Reading, etc.                             |
| 36                | Applicant Name: SOTO    |                                     |                 |                                    |  |
|                   | Credential Goal: 30-DA  | AY SUBSTITUTE TEACHI                | NG PERMIT       |                                    |  |
| Status            | Туре                    | Employing Agency                    |                 |                                    | Valid  |
| GRANTED           | FIRST TIME WAIVER       | COALINGA/HURON                      | N JOINT UNIFIEI | D SCHOOL DISTRICT                  | 04/26/2012 to 04/26/2013                             |
| Subject(s)        |                         |                                     | Code Section(   |                                    |  |
| N/A               |                         |                                     | 44252(b)        | CBEST for a Credentia              | al or Permit   |
| 37                | Applicant Name: TAYL    |                                     |                 |                                    |  |
|                   | Credential Goal: SPEE   | ECH-LANGUAGE PATHOI                 | LOGY SERVIC     | ES CREDENTIAL                      |  |
| Status            | Туре                    | Employing Agency                    |                 |                                    | Valid  |
| GRANTED           | SUBSEQUENT WAIVE        | R YUBA COUNTY OF                    | FICE OF EDUC    | ATION                              | 08/16/2012 to 08/01/2013                             |
| Subject(s)        |                         |                                     | Code Section(   | s) Waived                          |  |
| Language          | , Speech and Hearing    |                                     | 44265           |                                    | on Program for a Specialist Education, Reading, etc. |
|                   |                         |                                     |                 | Credential in Special L            | Lucation, reading, etc.                              |
| 38                |                         | NSEND, BESS STANSEL                 |                 |                                    |  |
|                   | Credential Goal: 30-DA  | AY SUBSTITUTE TEACHI                | NG PERMIT       |                                    |  |
| Status<br>GRANTED | Type                    | Employing Agency                    |                 | IOOL DIOTRIOT                      | Valid  |
| GRANTED           | FIRST TIME WAIVER       | BYRON UNION EL                      | EMENTARY SCI    | HOOL DISTRICT                      | 04/20/2012 to 04/20/2013                             |
| Subject(s)        |                         |                                     | Code Section(   | -                                  | -l D   |
| N/A               |                         |                                     | 44252(b)        | CBEST for a Credentia              | ai or Permit   |
| 39                | Applicant Name: WRIG    |                                     |                 |                                    |  |
|                   | Credential Goal: SPEE   | ECH-LANGUAGE PATHOI                 | LOGY SERVIC     | ES CREDENTIAL                      |  |
| Status            | Туре                    | Employing Agency                    |                 |                                    | Valid  |
| GRANTED           | SUBSEQUENT WAIVE        | ER TULARE COUNTY                    | OFFICE OF EDU   | JCATION                            | 04/01/2012 to 04/01/2013                             |
| Subject(s)        |                         |                                     | Code Section(   | <u> </u>                           |  |
| Language          | , Speech and Hearing    |                                     | 44265.3         | Program for Speech-L<br>Credential | anguage Pathology Services                           |
| 40                | Applicant Name: YARE    | BROUGH JILL M                       |                 |                                    |  |
|                   |                         | ECH-LANGUAGE PATHOI                 | LOGY SERVIC     | ES CREDENTIAL                      |  |
| Status            | Туре                    | Employing Agency                    |                 |                                    | Valid  |
| GRANTED           |                         |                                     |                 | OOL DISTRICT                       | 08/31/2012 to 08/31/2013                             |
| Subject(c)        |                         |                                     | Code Section(   |                                    |  |
| Subject(s)        | , Speech and Hearing    |                                     | 44265.3         | •                                  | anguage Pathology Services                           |
| _agaago           | , epocition in the inig |                                     | 11200.0         | Credential                         | agaago . aao.og, oo. 11000                           |
| 41                | Applicant Name: ZUGA    | AY. SUSAN                           |                 |                                    |  |
| 5 5               |                         | ECH-LANGUAGE PATHOI                 | LOGY SERVIC     | ES CREDENTIAL                      |  |
| Status            | Туре                    |                                     |                 |                                    | Valid  |
| GRANTED           |                         | Employing Agency  ER LANCASTER ELEN |                 | OOL DISTRICT                       | 07/01/2012 to 06/30/2013                             |
| Subject(s)        |                         |                                     | Code Section(   |                                    |  |
| OUDIECKS)         |                         |                                     | JOUG JECHOII    | o, maireu                          |  |

44265.3

Credential

Program for Speech-Language Pathology Services

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## For June 2012

**Total Waivers Granted:** 41 **Total Waivers Denied:** 0